MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

22500

File No. 6135

Registration District No. 791

Primary Registration District No. 1003

Registered No.

1. PLACE OF DEATH

County

Township

City St. Louis Childrens Hospital (No. 5001 Kingshighway St. Ward)

2. FULL NAME Taylor, Gilbert

(a) Residence. No. So. Haven Kansas St. 12 Ward. So. Haven, Kansas (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. Under dys. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
male.	White	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 10-13-1917

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	9	8	18.	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) El Dorado, Kans.
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Ralph A. Taylor.

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Kans.

12. MAIDEN NAME OF MOTHER Lottie Morgan.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Kans.

14. INFORMANT Tekla H. Jacobson R.N.
(Address) St Louis Childrens Hosp.

15. FILED JUL -3 1927, 19 Mae E. Starkloff REGISTRAR

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7/2/27

17. I HEREBY CERTIFY, That I attended deceased from 6-27, 1927, to 7-1-, 1927 that I last saw h. m. alive on 7-1-, 1927, and that death occurred, on the date stated above, at 12 25 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Brain Tumor Benign
S.H.D.
S.A.D.
(duration) 3 1/2 (?) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Cerebral Oedema
(duration) yrs. mos. 1/2 ds.

18. WHERE WAS DISEASE CONTRACTED —

IF NOT AT PLACE OF DEATH? —

DID AN OPERATION PRECEDE DEATH? Yes. DATE OF 7/1/27

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Path. Exam + Lab.

(Signed) J. Bourbeck, M. D.

, 19 (Address) 5005 S. Kingshighway

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Dexter, Kansas

DATE OF BURIAL 7-4-1927

20. UNDERTAKER Peetz Bros 3029

ADDRESS Lafayette

WJB